



Please type a plus sign (+) inside this box →

OCT 01 2004

PTO/SB/21
OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

AF/ITW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/786,223
Total Number of Pages in This Submission		Filing Date February 23, 2004
		First Named Inventor Thomas Maciag, et al.
		Group Art Unit 1647
		Examiner Name Woodward, Cherie Michelle
		Attorney Docket Number 53689-5013CT1 (206312)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) – Figs.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Marked Up Copy – Specification -43 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Clean Copy – Specification – 42 pages
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	Drinker Biddle & Reath LLP
Signature	
Printed Name	Thomas M. Sossong, Jr., Ph.D., J.D. Registration No. 48,463
Date	September 27, 2007

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Lisa R. Haines
Signature	
Date: September 27, 2007	